



FEB 03 2005 4:24PM

MOFO 28TH FL

NO. 834 P. 18

Supplemental Application Data Sheet**Application Information**

Application number:: 10/058,577
Filing Date:: 01/28/02
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 3763
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Title:: ANASTOMOSIS OCCLUSION DEVICE
Attorney Docket Number:: 506512001220
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 13
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Terrence
Family Name:: BUELNA
City of Residence:: ~~Santa Barbara~~ Montecito
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: ~~4424 La Vereda Lane~~ 2920 Torito Road
City of mailing address:: ~~Santa Barbara~~ Montecito
State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 93108

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Adam
Family Name:: GOLD
City of Residence:: ~~San Francisco~~ Hoboken
State or Province of Residence:: CA NJ
Country of Residence:: US
Street of mailing address:: ~~255 B Fair Oaks Street~~ 311 Park Avenue
#3L
City of mailing address:: ~~San Francisco~~ Hoboken
State or Province of mailing address:: CA NJ
Postal or Zip Code of mailing address:: ~~94110~~ 07030

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: J.
Family Name:: FOGARTY
City of Residence:: Portola Valley
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 3270 Alpine Road
City of mailing address:: Portola Valley
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94028

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Thomas
Middle Name:: A.
Family Name:: HOWELL
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 567 Homer Avenue
City of mailing address:: Palo Alto
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94301

~~Applicant Authority Type:: Inventor~~
~~Primary Citizenship Country:: US~~
~~Status:: Full Capacity~~
~~Given Name:: Russell~~
~~Middle Name:: J.~~
~~Family Name:: ANDERSON~~
~~City of Residence:: San Diego~~
~~State or Province of Residence:: CA~~
~~Country of Residence:: US~~
~~Street of mailing address:: 7605 Village Road~~
~~City of mailing address:: San Diego~~
~~State or Province of mailing address:: CA~~
~~Postal or Zip Code of mailing address:: 92120~~

Correspondence Information

Correspondence Customer Number:: 20872

Representative Information

Representative Customer Number:: 20872

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-part of	09/887,477	06/22/01
09/887,477	An application claiming the benefit under 35 USC 119(e)	60/270,946	02/21/01
09/887,477	An application claiming the benefit under 35 USC 119(e)	60/282,545	04/09/01

Assignee Information

Assignee name:: NOVARE SURGICAL SYSTEMS, INC.
Street of mailing address:: 10440A Bubb Road
City of mailing address:: Cupertino
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95014